

www.mass.gov/abcc

LICENSE NUMI	BEK: 060000001		CITY OR TO	WN LEICESII	CK
APPLICATION	FOR RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAM	ME: AM. LEGION C	HERRY VALLEY PC	OST #443 INC.		
DOING BUSINE	ESS A				
ADDRESS 167 N	MAIN ST.				
CITY/TOWN: I	LEICESTER	STATE: MA	ZIP COD	E: 01611	
MANAGER: S	WETT, BRUCE W.T	YPE OF LICENSE: Ve	eterans club	CATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION (OF LICENSED PREM	IISES:			
	O BARS,ONE DINING BOCCE COURT,HOR			GE. EXT OF PRE	EMISES
I hereby certify a	nd swear under penalti	es of perjury that:			
1. the rea	newed license will be o	of the same type for the	e same premises	now licensed;	
2. the lic	ensee has complied wi	ith all laws of the Com	monwealth relat	ing to taxes; and	
3. the pro	emises are now open for	or business (If not exp	lain below)		
SIGNED BY	Individual, Partn	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT	
Acts of 2004, sig	gned, attest that we a gned by the building i and (2) the certificate	inspector and the hea	d of the fire de	partment for the	above
Please Check Below:	<u>. </u>		LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED (If disapproved ex					
(11 disapproved c.	Apium)				
DATE:					
APPLICATION FOR RE	ENEWAL MUST BE FILED BY	LICENSEES DURING THE N	MONTH OF NOVEME	BER (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER: 06000000)4	CITY OR TOWN LEICES	TER
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: CASTLE DOING BUSINESS A CASTL ADDRESS 1230 MAIN ST. CITY/TOWN: LEICESTER MANAGER: NICAS, STANI	E RESTAURANT STATE: MA	ZIP CODE: 01524	Υ: All Alcohol
J.	ET THE OF LICENSE. Re	estaurant CATEGOR	. All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO DESCRIPTION OF LICENSEE	VISIT OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
ONE FLOOR;TWO BARS AND ONE ROOM FOR STORAGE A	D LOUNGE,TWO LARGE D	· · · · · · · · · · · · · · · · · · ·	N AND
2. the licensee has comp	• •	e same premises now licensed; monwealth relating to taxes; an lain below)	d
SIGNED BY Individua	al, Partner or Authorized Corp	orate Officer	
	LEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	al Security Number)
We the undersigned, attest th Acts of 2004, signed by the bunamed license and (2) the cert of 2010.	ilding inspector and the hea	d of the fire department for t	he above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	HORITY
DATE:			



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LICENSE NUMBER	: 060000005		CITY OR TOWN LEICES	IEK
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE NAME:	POTEEN INC.			
DOING BUSINESS	A LEICESTER H	ILL COUNTRY CLUB	TRUST	
ADDRESS 1430 MA	IN ST.			
CITY/TOWN: LEIC	CESTER	STATE: MA	ZIP CODE: 01524	
MANAGER: ORRIL.	ICO, CHERYL T	YPE OF LICENSE: Res	taurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
]	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREM	IISES:		
KITCHEN,BAR AN	D LARGE DECK, COAT ROOM. 21	ONE BOILER ROOM, ND FLR;ONE LARGE I	NQUET ROOM,LOUNGE,S TWO LADIES ROOMS,TW BANQUET ROOM,ONE FU	O MENS
I hereby certify and s	wear under penalti	es of perjury that:		
1. the renewe	ed license will be o	of the same type for the	same premises now licensed;	
	•		nonwealth relating to taxes; an	nd
3. the premis	ses are now open for	or business (If not expla	in below)	
SIGNED BY	Individual, Partn	er or Authorized Corpo	rate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: NOT Individual Soci	ial Security Number)
Acts of 2004, signed	by the building i	nspector and the head	certificate required by Chapter of the fire department for cance required by Chapter	the above
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENSING AUT	ГНОRITY
(If disapproved expla	in)			
	•			
DATE:				



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LICENSE NUMBER:	.060000007		C	TY OR TOW	VN LEICEST	ER
APPLICATION FOR	RENEWAL:	Annu	al	LIC	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME:	LEICESTER SOCIAI	L CLUB IN	C.			
DOING BUSINESS A	A KNIGHTS OF COL	UMBUS #4	1528			
ADDRESS 91 MANN	VILLE STREET					
CITY/TOWN: LEIC	ESTER	STATE:	MA	ZIP CODE	: 01524	
MANAGER: VINC	ENT, JOSEPH TYPE	OF LICEN	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR WEBSI	ITE AND ENTER	YOUR EMAII	ADDRESS		
DESCRIPTION OF L	ICENSED PREMISES	S:				
	HEN,SERVICE BAR,S RANCE,TWO SIDE E					
I hereby certify and sv	vear under penalties of	perjury tha	t:			
1. the renewe	d license will be of the	same type	for the sar	ne premises r	now licensed;	
	e has complied with all				ng to taxes; and	
3. the premise	es are now open for bu	siness (If no	ot explain	below)		
SIGNED BY	Individual, Partner or	Authorizad	Cornerat	o Officer		
	marvidual, Farmer of	Aumonzeo	Согрога	e Officei		
DATE:	TELEDIJONE I	MIIMDED.		EMPLO	YER IDENTIFICA	TION NUMBER:
	TELEPHONE I	NUMBER.			Individual Social	
Acts of 2004, signed	, attest that we are in by the building inspe 2) the certificate of lig	ctor and th	e head of	the fire dep	artment for the	e above
Please Check Below:]	LOCAL LICE	ENSING AUTH	IORITY
APPROVED:]	Ву:		
DISAPPROVED: (If disapproved explain						
(11 disupproved explai	·· <i>)</i>					
DATE:						



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LICENSE NUMI	BER: 060000009		CITY OR TOWN	LEICESTER	
APPLICATION 1	FOR RENEWAL:	Annual	LICENS	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAM	ME: SHANNON-DA	AVIS POST #205 AME	RICAN LEGION IN	C.	
DOING BUSINE	ESS A				
ADDRESS 171 F	RIVER ST.				
CITY/TOWN: I	LEICESTER	STATE: MA	ZIP CODE:	01542	
MANAGER: H	IAZZARD, TAYMOND O. JR	TYPE OF LICENSE: V	eterans club CA	ATEGORY: All Alcoho	1
EMAIL ADDRE	SS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION (OF LICENSED PREM	MISES:			
		NE KITCHEN,TWO L) SIDE AND BACK E		ING AREAS,FRONT	
I hereby certify a	nd swear under penalt	ties of perjury that:			
1. the rea	newed license will be	of the same type for the	e same premises now	licensed;	
2. the lic	ensee has complied w	with all laws of the Com	monwealth relating to	taxes; and	
3. the pro	emises are now open	for business (If not exp	lain below)		
SIGNED BY					
	Individual, Part	ner or Authorized Corp	orate Officer		
D. 4. TEE					
DATE:	TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER ividual Social Security Number	
			(1101c) 1101	Widdai Social Security Number	.)
Acts of 2004, sig	gned by the building	inspector and the hea	d of the fire departn	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
Please Check Below:	<u>.</u>		LOCAL LICENS	ING AUTHORITY	
APPROVED:			By:		
DISAPPROVED					
(If disapproved e	apidiii)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:060000012		CITY OR TOW	/N LEICESTE	ER
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	.013
		CLASS			YEAR
LICENSEE NAME:	LEICESTER RO	D & GUN CLUB INC	· ·		
DOING BUSINESS	A				
ADDRESS 1015 WH	ITTEMORE ST.				
CITY/TOWN: LEIC	CESTER	STATE: MA	ZIP CODE:	: 01524	
MANAGER: SMANAGER: A.	LL, ROBERT TY	YPE OF LICENSE: Cl	ub	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREM	ISES:			
	OF PREMISES V	HEN ON FIRST FLO ALID ONLY DURIN ION			
I hereby certify and s	wear under penaltie	es of perjury that:			
1. the renewe	ed license will be o	of the same type for the	e same premises n	low licensed;	
2. the license	e has complied wit	th all laws of the Com	monwealth relatir	ng to taxes; and	
3. the premis	es are now open fo	or business (If not expl	ain below)		
SIGNED BY			0.00		
	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:			EMBLO	VED IDENTIFICAT	TION MUMBER.
DATE.	TELEPHO.	NE NUMBER:		YER IDENTIFICATE Individual Social S	
			<u> </u>	, marvidum sociul s	security realiser,
Acts of 2004, signed	by the building in	re in possession (1) the nspector and the hea of liquor liability insu	d of the fire dep	artment for the	e above
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:					
DATE.					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 060000014		CITY OR TOWN	LEICESTER	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	JANS PACKAG	E STORE,INC			
DOING BUSINESS	A JAN'S BEER M	MART			
ADDRESS 385 MA	JIN ST				
CITY/TOWN: LEI	CESTER	STATE: MA	ZIP CODE:	01611	
	NANE, T FREY	YPE OF LICENSE:	Package Store C	ATEGORY: All Alcoho	ol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	MISES:			
SALES,TWO SIDE	DOORS AND DE		RAGE,TWO FRONT LAR FOR STORAGI DOOR		
I hereby certify and	swear under penalti	ies of perjury that:			
1. the renev	ved license will be	of the same type for t	he same premises now	licensed;	
2. the licens	see has complied w	ith all laws of the Con	mmonwealth relating t	o taxes; and	
3. the prem	ises are now open f	or business (If not ex	plain below)		
SIGNED BY					
	Individual, Partr	ner or Authorized Con	porate Officer		
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER	
			(Note: NOT Inc	dividual Social Security Numbe	er)
Please Check Below:			LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:	nivo no monti	
DISAPPROVED:			J		
(If disapproved expl	ain)		-		
DATE.					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 060000015		CITY OR TOWN	LEICESTE	R
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS		•	YEAR
LICENSEE NAME: LEICESTER DOING BUSINESS A LEICESTER				
ADDRESS 869 MAIN ST				
CITY/TOWN: LEICESTER	STATE: MA	ZIP CODE:	01524	
MANAGER: CANANE, RONALD E.	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	-			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSED PR	EMISES:			
ONE FLOOR, ONE ROOM FOR ST	ORAGE AND ONE ROO	OM FOR SALES		
I hereby certify and swear under pen	alties of perjury that:			
1. the renewed license will l	be of the same type for the	same premises now	licensed;	
2. the licensee has complied	l with all laws of the Com	nonwealth relating to	o taxes; and	
3. the premises are now ope	n for business (If not expl	ain below)		
SIGNED BY Individual, Pa	artner or Authorized Corp	orate Officer		
DATE: TELEP	HONE NUMBER:	EMPLOYER	R IDENTIFICATI	ON NUMBER:
		(Note: NOT Ind	lividual Social Se	ecurity Number)
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:		J		
(If disapproved explain)		-		
DATE:		-		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	000000016		CITY OR TOV	VN LEICESII	CK
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 1044 MA	IN ST				
CITY/TOWN: LEIC	ESTER	STATE: MA	ZIP CODE	: 01524	
MANAGER: PATE	L,JYOTI TY	PE OF LICENSE:Pa	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREM	ISES:			
TWO STORY BLDG STORAGE	; FIRST FLOOR I	HAS TWO ROOMS,	ONE FOR SALE	S AND ONE FO	PR
	es are now open fo	th all laws of the Com or business (If not exp er or Authorized Corp	lain below)	ng to taxes; and	
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICATION IN THE PROPERTY OF THE PROP	
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICI By:	ENSING AUTH	ORITY
(If disapproved explain	n)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 060000018		CITY OR TOWN	LEICESTER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: SHE CRYSTAL IN	C.		
DOING BUSINESS A BROOKSIDE LIQ	UORS		
ADDRESS 875 PLEASANT ST			
CITY/TOWN: LEICESTER	STATE: MA	ZIP CODE:	01542
MANAGER: PATEL, SHAILESH TYP	E OF LICENSE: Pac	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	ES:		
ONE FLOOR; TWO ROOMS, ONE FOR SBACK OF EXISTING BLDG FOR SALE		FOR STORAGE. EX	KT OF PREM ON
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of the	he same type for the	same premises now	licensed;
2. the licensee has complied with a	all laws of the Com	nonwealth relating to	taxes; and
3. the premises are now open for b	ousiness (If not expl	ain below)	
SIGNED BY			
Individual, Partner	or Authorized Corpo	orate Officer	
DATE: TELEPHONE	E NUMBER:		IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06	50000021		CITY	OR TOWN	LEICESTE	ER
APPLICATION FOR RI	ENEWAL:	Annua	I	LICE	NSED FOR 2	013
		CLAS	3			YEAR
LICENSEE NAME: D.	J. INC					
DOING BUSINESS A	FAMILY MINI	MART				
ADDRESS 508 STAFFO	ORD STREET					
CITY/TOWN: LEICES	TER	STATE:	MA Z	IP CODE:	01611	
MANAGER: BLAIS, I	MARIA T. TY	PE OF LICENS	E:Package S	Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
		VEBSITE AND ENTER Y	OUR EMAIL ADI	DRESS		
DESCRIPTION OF LIC	ENSED PREMI	ISES:				
DOORS LOCATED IN 2,400 SQUARE FEET T STORE.						
I hereby certify and swea	r under penaltie	s of perjury that				
1. the renewed l	_			premises nov	w licensed;	
2. the licensee h			_	=		
3. the premises a	=			_		
SIGNED BY						
In	dividual, Partne	r or Authorized	Corporate O	fficer		
DATE:	TELEPHON	NE NUMBER:		EMPLOYE	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			((Note: NOT I	ndividual Social S	Security Number)
Please Check Below:			1.04	CAL LICEN	ania Augu	ODITI
APPROVED:			By:	CAL LICEN	ISING AUTH	ORII Y
DISAPPROVED:			Dy.			
(If disapproved explain)						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 060000022		CITY OR TOWN LEICES	TER
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: SMW BARBERS CR	OSSING, INC		
DOING BUSINESS A BARBERS CROSSI	NG		
ADDRESS 861 MAIN STREET			
CITY/TOWN: LEICESTER	STATE: MA	ZIP CODE: 01524	
MANAGER: WALLACE, TYPE PATRICIA	OF LICENSE: Res	staurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES	S:		
NEW ENTRY TO BAR AREA FROM REA EXIT.NEW HANDICAP &MAINENTRAN EMERGENCY EXIT. EXISTING MAIN W	CE IN FRONT O	F RESTAURANT FORMER	Y
I hereby certify and swear under penalties of	perjury that:		
1. the renewed license will be of the	same type for the	same premises now licensed;	
2. the licensee has complied with all		<u> </u>	d
3. the premises are now open for but	siness (If not expla	ain below)	
SIGNED BY Individual, Partner or	Authorized Corpo	orate Officer	
DATE: TELEPHONE N	NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
122110112	,01/12/210	(Note: NOT Individual Socia	l Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liq of 2010.	ctor and the head	l of the fire department for th	ne above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
UL GISADDIOVEG EXDIAIID			
(======================================			
(a. a.s.,pp. 1. 1. a. p. 1. a.			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 060000029		CITY OR	TOWN	LEICESTE	R
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2013			013
		CLASS				YEAR
DOING BUSINESS	S.W. BARRETT'S ,I A NORTHEAST PIZZ					
ADDRESS 1205 M						
CITY/TOWN: LEI	CESTER	STATE: M	A ZIP C	ODE:	01524	
	RRETT, TYPE VEN W.	OF LICENSE:	Restaurant	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS		UR EMAIL ADDRESS			
APPROX 1700 SQ.	LICENSED PREMISE FT4 ENTRANCES/EXISEX HANDICAP; KI	XITS - 2 IN FR				- MEN
 the renev the licens 	swear under penalties of wed license will be of the see has complied with a ises are now open for bu	e same type for Il laws of the Co	ommonwealth			
SIGNED BY	Individual, Partner o	r Authorized Co	orporate Office	er		
DATE:	TELEPHONE	NUMBER:				ION NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we are ind by the building insp (2) the certificate of li	ector and the h	ead of the fire	e departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL By:	LICENS	ING AUTHO	ORITY
DATE:						



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LICENSE NUMBER	:060000030		CITY OR TOWN LER	LESIER	
APPLICATION FOR	RENEWAL:	Annual	LICENSED F	OR 2013	
		CLASS		YEAR	
LICENSEE NAME:	JEFFERY H. & I	UCY A. ELLER			
DOING BUSINESS	A ELLER'S				
ADDRESS 190 MAI	N STREET				
CITY/TOWN: LEIC	CESTER	STATE: MA	ZIP CODE: 016	11	
MANAGER: JEFFI ELLE		PE OF LICENSE: Res	taurant CATEG	ORY: All Alcohol	
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREM	ISES:			
KITCHENKITCH	EN WITH EMPLO N COOLERSD		ROOMSTWO IN FFICE, DRY STORAGE, 2 ADA RESTROOMS, W		
I hereby certify and sy	wear under penaltie	es of perjury that:			
1. the renewe	ed license will be o	f the same type for the	same premises now licens	ed;	
2. the license	e has complied wit	th all laws of the Comm	nonwealth relating to taxes	; and	
3. the premis	es are now open fo	or business (If not expla	in below)		
SIGNED BY	Individual, Partno	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO	NE NUMBER:		TIFICATION NUMBER:	
			(Note: NOT Individual	Social Security Number)	
Acts of 2004, signed	by the building in	nspector and the head	e certificate required by of the fire department f rance required by Chapt	or the above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENSING A By:	AUTHORITY	
DATE:					



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(CITY OR TOWN LEICEST	ER	
Annual	LICENSED FOR 2	2013	
CLASS		YEAR	
ANAGEMENT CC LLC			
COUNTRY CLUB			
ET			
STATE: MA	ZIP CODE: 01524		
TYPE OF LICENSE: Resta	aurant CATEGORY:	All Alcohol	
OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		
EMISES:			
alties of perjury that:			
e of the same type for the s	ame premises now licensed;		
with all laws of the Commo	onwealth relating to taxes; and		
n for business (If not explai	n below)		
rtner or Authorized Corpor	ate Officer		
HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
	(Note: NOT Individual Social	Security Number)	
g inspector and the head	of the fire department for the	e above	
	LOCAL LICENSING AUTH	IORITY	
	By:		
	Annual CLASS ANAGEMENT CC LLC COUNTRY CLUB ET STATE: MA TYPE OF LICENSE: Rest OUR WEBSITE AND ENTER YOUR EM/ EMISES: INING RM., KITCHEN, L F COURSE WITH CLUBF alties of perjury that: e of the same type for the s with all laws of the Common for business (If not explain experiment or Authorized Corpor HONE NUMBER:	Annual CLASS ANAGEMENT CC LLC COUNTRY CLUB TO STATE: MA ZIP CODE: 01524 TYPE OF LICENSE: Restaurant CATEGORY: UR WEBSITE AND ENTER YOUR EMAIL ADDRESS EMISES: INING RM., KITCHEN, LOCKER RM., STORAGE RM. F COURSE WITH CLUBHOUSE AS DESCRIBED ABO alties of perjury that: e of the same type for the same premises now licensed; with all laws of the Commonwealth relating to taxes; and a for business (If not explain below) There or Authorized Corporate Officer HONE NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social et are in possession (1) the certificate required by Chap g inspector and the head of the fire department for the te of liquor liability insurance required by Chapter 11	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 060000033		CITY OR TOWN LI	EICESTER		
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR 2013			
	CLASS		YEAR		
LICENSEE NAME: LEICESTE	ER FOOD AND BEVERAGE	E INC.			
DOING BUSINESS A CROSSR	OADS MARKET				
ADDRESS 1060 MAIN ST					
CITY/TOWN: LEICESTER	STATE: MA	ZIP CODE: 0	1524		
MANAGER: SHUSTER,DMIT	RYTYPE OF LICENSE:Pac	ckage Store CATE	EGORY: Wine and Malt Regular		
EMAIL ADDRESS:					
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF LICENSED	PREMISES:				
RESTROOM IN BACK ONE EXLEFT SEDE.	IT AND ENTRANCE AT F	RONT AND TWO OTI	HER EXITS ON		
3. the premises are now of SIGNED BY	ied with all laws of the Compen for business (If not expl	ain below)	xes; and		
Individual,	Partner or Authorized Corpo	orate Officer			
DATE: TEL	EPHONE NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING By:	G AUTHORITY		
DATE:					



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LICENSE NUMBE	R: 060000034		CITY OR TOWN	LEICESTE	ER	
APPLICATION FO	R RENEWAL:	Annual	LICEN	NSED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME:	UNCLE JAY'S T	TWISTED FORK INC	C.			
DOING BUSINESS	A UNCLE JAY'S	TWISTED FORK				
ADDRESS 509 STA	AFFORD STREET					
CITY/TOWN: LEI	CESTER	STATE: MA	ZIP CODE:	01524		
MANAGER: CAT	· · · · · · · · · · · · · · · · · · ·	YPE OF LICENSE:R	estaurant C	CATEGORY:	All Alcohol	
EMAIL ADDRESS:	:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_	
DESCRIPTION OF	LICENSED PREM	IISES:				
		E ENTRY IN FRONT MS MALE/FEMALE	FOR CUSTOMERS	S; ENTRY IN	BACK	
I hereby certify and	swear under penalti	ies of perjury that:				
1. the renew	ved license will be	of the same type for the	ne same premises nov	w licensed;		
2. the licens	see has complied w	ith all laws of the Con	nmonwealth relating	to taxes; and		
3. the premi	ises are now open f	or business (If not exp	plain below)			
SIGNED BY						
	Individual, Partn	ner or Authorized Corp	porate Officer			
DATE:	TELEPHO	HONE NOMBER.			TIFICATION NUMBER:	
			(Note: NOT Ir	ndividual Social S	Security Number)	
Acts of 2004, signe	ed by the building i	re in possession (1) t inspector and the he of liquor liability ins	ad of the fire depar	tment for the	above	
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	aın)					
DATE:			-			



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	060000035		CITY OR TO	JWN LEICESI	EK
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	MICHAEL'S M.	ART			
ADDRESS 1141 STA					
CITY/TOWN: LEIC	ESTER	STATE: MA	ZIP COD	DE: 01524	
MANAGER: DREII STEPI	K, TY HANIE	TE OF LICENSE: P	ackage Store	CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:					
		VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L					
4021& OR/-SQ. FT., SINGLE EGRESS IN					GE ROOM,
	es are now open fo	h all laws of the Corr business (If not ex	plain below)	tung to taxes, and	
DATE:	TELEPHOI	NE NUMBER:		LOYER IDENTIFICA OT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LI By:	CENSING AUTI	HORITY
DATE:					